

24-cv-6191-FPG

Revised 03/06 WDNV

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NEW YORKFORM TO BE USED IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983
(Prisoner Complaint Form)All material filed in this Court is now available via the INTERNET. See Pro Se Privacy Notice for further information.1. CAPTION OF ACTION

A. Full Name And Prisoner Number of Plaintiff: NOTE: If more than one plaintiff files this action and seeks in forma pauperis status, each plaintiff must submit an in forma pauperis application and a signed Authorization or the only plaintiff to be considered will be the plaintiff who filed an application and Authorization.

1. Shaquille Battle 15B2077 Shaquille Battle
2. _____

-VS-

B. Full Name(s) of Defendant(s) NOTE: Pursuant to Fed.R.Civ.P. 10(a), the names of all parties must appear in the caption. The court may not consider a claim against anyone not identified in this section as a defendant. If you have more than six defendants, you may continue this section on another sheet of paper if you indicate below that you have done so.

1. Jane Doe Nurse 4. M. Brown
2. J Brooks 5. John Doe Sergeant
3. ? Insania (Twin) 6. John Doe Sergeant

Continued on Plain Paper2. STATEMENT OF JURISDICTION

This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution of the United States. This action is brought pursuant to 42 U.S.C. § 1983. The Court has jurisdiction over the action pursuant to 28 U.S.C. §§ 1331, 1343(3) and (4), and 2201.

3. PARTIES TO THIS ACTION

PLAINTIFF'S INFORMATION NOTE: To list additional plaintiffs, use this format on another sheet of paper.

Name and Prisoner Number of Plaintiff: SHAQUILLE Battle 15B2077
Present Place of Confinement & Address: Orleans Correctional Facility 3531
Caines Basin RD, Albion NY 14411-9199

Name and Prisoner Number of Plaintiff: _____

Present Place of Confinement & Address: _____

DEFENDANT'S INFORMATION NOTE: To provide information about more defendants than there is room for here, use this format on another sheet of paper.

Name of Defendant: Jane Doe

(If applicable) Official Position of Defendant: Nurse

(If applicable) Defendant is Sued in ☒ Individual and/or ☒ Official Capacity

Address of Defendant: Orleans Correctional Facility 3531 Gaines
Basin RD. Albion, New York 14411-9199 Work Place

Name of Defendant: J. Brooks

(If applicable) Official Position of Defendant: Correctional Officer

(If applicable) Defendant is Sued in ☒ Individual and/or ☒ Official Capacity

Address of Defendant: Orleans Correctional Facility 3531 Gaines Basin
RD. Albion, New York 14411-9199 Work Place

Name of Defendant: ? Insania

(If applicable) Official Position of Defendant: Correctional Officer

(If applicable) Defendant is Sued in ☒ Individual and/or ☒ Official Capacity

Address of Defendant: Orleans Correctional Facility 3531 Gaines Basin
RD. Albion, New York 14411-9199 Work Place

4. PREVIOUS LAWSUITS IN STATE AND FEDERAL COURT

- A. Have you begun any other lawsuits in state or federal court dealing with the same facts involved in this action?
Yes ☐ No ☒

If Yes, complete the next section. NOTE: If you have brought more than one lawsuit dealing with the same facts as this action, use this format to describe the other action(s) on another sheet of paper.

1. Name(s) of the parties to this other lawsuit:

Plaintiff(s): _____

Defendant(s): _____

2. Court (if federal court, name the district; if state court, name the county): _____

3. Docket or Index Number: _____

4. Name of Judge to whom case was assigned: _____

- B. M Bly 7 Jane Doe (mixed complexion) C.O. Drove to and From visit 3-17-24
 12 John Doe (Looks Hispanic) C.O.
 M. Ploff 8 13 Sgt Patti
 M. Nowak 9 14 Officer Tresch
 Ms. Solviano 10 15 SORC SWORD
 16 John Doe (Tall Full Beard) C.O.
 17 OMH Ashton Can Identify
 18 ? Cosgrove E or P First Initial has Brother
1. B end of Continued Defendants).

Defendants

Seperate sheet (U)

Orleans Correctional Facility 3531 Gainer Basin Rd, ALBION
 New York 14411-9199 Is The Address For All Named Defendants.

Part 4 Continued Here Defendants Information:

M. BROWN, Correctional Officer, Defendant is sued in his Individual and Official Capacity.

John Doe (Sergeant) #1 Correctional Officer Supervisor Sued Individual / Official

John Doe (Sergeant) #2 Correctional Officer Supervisor Sued Individual / Official

M. Bly, Correctional Officer Sued Individually and Officially

M. Ploff, Correctional Officer Sued Individual and Official

M. Nowak, Correctional Officer Sued Individual and Official

Ms. Solviano, Correctional Officer Sued Individual and Official

Jane Doe (mixed complexion) Correctional Officer, Sued Individual and -

Officially? Cosgrove, Correctional Officer, Sued Individually & Officially

John Doe (Looks Hispanic) Correctional Officer, Sued in Official Capacity

Sgt Patti (Supervisor) Correctional Officer, Sued Individually and Officially

Officer Tresch, Correctional Officer, Sued Individually and Officially

SORC SWORD, Civilian Senior Offender Rehab Counselor Sued Individually and Officially

John Doe (Tall Full Beard) Correctional Officer, Sued Individually and - Official Capacity.

OMH Ashton (Civilian Counselor) R/R OMH Consultant Program Staff, Counselor

LT. Jane Doe (Female R/L, LT. Hispanic, Colored Complexion Only One) Correctional Officer Supervisor, Sued in Official Capacity.

Superintendent Cook - Superintendent Sued Officially

K. Walker First Deputy Superintendent Sued Individually and Official.

All Addresses For All Defendants Are The Same As mentioned Pg 2.

5. The approximate date the action was filed: _____

6. What was the disposition of the case?

Is it still pending? Yes ___ No ___

If not, give the approximate date it was resolved. _____

Disposition (check the statements which apply):

___ Dismissed (check the box which indicates why it was dismissed):

___ By court *sua sponte* as frivolous, malicious or for failing to state a claim upon which relief can be granted;

___ By court for failure to exhaust administrative remedies;

___ By court for failure to prosecute, pay filing fee or otherwise respond to a court order;

___ By court due to your voluntary withdrawal of claim;

___ Judgment upon motion or after trial entered for

___ plaintiff

___ defendant.

B. Have you begun any other lawsuits in federal court which relate to your imprisonment?

Yes  No  Sorry For Error

If Yes, complete the next section. NOTE: *If you have brought more than one other lawsuit dealing with your imprisonment, use this same format to describe the other action(s) on another sheet of paper.*

1. Name(s) of the parties to this other lawsuit:

Plaintiff(s): _____

Defendant(s): _____

2. District Court: _____

3. Docket Number: _____

4. Name of District or Magistrate Judge to whom case was assigned: _____

5. The approximate date the action was filed: _____

6. What was the disposition of the case?

Is it still pending? Yes ___ No ___

If not, give the approximate date it was resolved. _____

A. FIRST CLAIM: On (date of the incident) 3-4-24 Monday,
 defendant (give the name and position held of each defendant involved in this incident) OFFICER Tresch, C.O.
~~Warrant Officer~~ "SrgT" Patti, ? Cosgrove Corr officer
SrgT stands For sergeant / C.O Corr officer

did the following to me (briefly state what each defendant named above did): OFFICER Tresch Retaliated
against my Grievance Complaints and Fabricated an Assault
Then Falsified State Documents and Refused to Appear As A Witness.
SrgT Patti Fabricated a Misbehavior Report stemming Therefrom,
and Did so Without Knowledge of The Incident. ? Cosgrove
Assaulted me Several times While Investigating The Alleged
Incident OFFICER Tresch and SrgT Patti Fabricated. I Then
lost All Property: Personal, legal, state, including A Basic Bed.

The constitutional basis for this claim under 42 U.S.C. § 1983 is: Due Process, Equal protection,
Cruel and unusual Punishment and Retaliation, Deliberate Indifference

The relief I am seeking for this claim is (briefly state the relief sought): Punitive Damages,
Compensatory Damages or An alternative to Punitive An
Injunction to be compensated for Torment and Suffering & Stop it.

Exhaustion of Your Administrative Remedies for this Claim:

Did you grieve or appeal this claim? ☒ Yes ☐ No If yes, what was the result? Appeal From Director
had different mail I Never get Code 40 Responses And my mail is stolen.

Did you appeal that decision? ☒ Yes ☐ No If yes, what was the result? I Filed a grievance
was Investigated twice No Response provided After Interviewer stated it would
be.

Attach copies of any documents that indicate that you have exhausted this claim.

If you did not exhaust your administrative remedies, state why you did not do so: I Am unable to get A
Appeal or Complaint to CORC or Albany This 1983 is to put a stop to my
Hardships

A. SECOND CLAIM: On (date of the incident) 3-9-24 Saturday,
 defendant (give the name and position held of each defendant involved in this incident) Jane Doe, Nurse, J Brooks, CO
? Insania, M. Brown, John Doe (sergeant), John Doe (sergeant), M. Gily, M. Pluff, C.O.
M. Nowak, Ms. Soliviano, Jane Doe, John Doe (looks Hispanic), John Doe (Tall Full -
CO. Corr officer Board con Identity)

Continued on separate sheet

did the following to me (briefly state what each defendant named above did): M. Brown called me to be
searched in a NO Audio NO camera Frisk Room AS SOON AS I WAS
entering I was rushed and turned around to be hit. I observed
Officer Insania, Brooks, and Brown first then a officer
sprayed me white hand cuffed and into my bleeding wounds then
all of them took turns beating me. They cuffed me and put
the cuffs so tight to damage soft tissue both wrists and pulled
my arms back enough I couldn't walk with their weight ^{Injuring my left shoulder.}

The constitutional basis for this claim under 42 U.S.C. § 1983 is: Cruel and unusual punishment,
Corporal punishment Battery, Excessive Force, Failure to protect ^{Deliberate indifference}

The relief I am seeking for this claim is (briefly state the relief sought): Compensatory Damages
and Punitive Damages in Alternative Tortion Relief to
stop the torment I have and still face.

Exhaustion of Your Administrative Remedies for this Claim:

Did you grieve or appeal this claim? ☒ Yes ☐ No If yes, what was the result? The Complaint
has yet to be processed.

Did you appeal that decision? ☒ Yes ☐ No If yes, what was the result? No Response And
The Complaint has yet to be processed.

Attach copies of any documents that indicate that you have exhausted this claim.

If you did not exhaust your administrative remedies, state why you did not do so: My mail to Albany,
or Attorneys is stolen only mail goes out is IGR petty issues
They know they will deny.

If you have additional claims, use the above format and set them out on additional sheets of paper.

6. RELIEF SOUGHT

Summarize the relief requested by you in each statement of claim above.

I Request to receive Compensatory Damages in each Claim
and to have Officers and their superiors who Violently &
Without any Regard Disregard Human Rights Removed
From a position where they feel invincible and stay so.

Do you want a jury trial? Yes ☒ No ☐

Second claim continuation: They pulled 3/4's of my Dreadlocks out and laughed while kicking and dragging me. Both Sergeants stood and watched one even laughed. All the staff they would need to respond to a real incident were already there so I foiled the camera of entrance there is a monitor, but I'm told it's not audio, or camera. I then foiled the RRU entrance to show these officers were not at their post this foil also is unanswered and the records are available I ask the court for help a incamera review of the proof the government is suppressing. One sergeant threatened to bust my head with his metal button upon entering the medical unit. "Jane Doe asked me did I want to hurt myself approx 4pm I stated no unequivocally. Jane Doe filed a false report because the threatening Sgt asked her to and took my personal boots and wedding band I'm yet to have back and placed me on suicide watch 2 1/2 days to avoid calling my family. Jane Doe allowed me to leak blood down my face for over 3 hours provided no medical at all. Seperate Nurse said O N O N O.

Third Claim: The Third Claims Date of Incident is 3-4-24
Sgt Patti, ? Insania (C.O.), John Doe (looks Hispanic), Omit Ashton - Civilian
LT ^{Jane} ~~John~~ Doe Lt C.O. supervisor colored ^{Complexion}, RRU Counselor
Superintendent Cook, Superintendent, ? Cosgrove C.O.

On the 4th day of March after a fabricated incident I was moved to a non working disgusting cell. Everything dirty, the cell looked to be nonhabitable or liveable, or lived in for at least weeks. No static or law library tablet over 3 weeks. My personal property was confiscated without a valid order, my legal documents confiscated, personal Bibles and Jehovah publications destroyed, lost, or lied to about. Cell items confiscated including but not limited to: Toilet tissue, toothbrush and toothpaste, soap, clothing other than what I was wearing and paper, pens, or utensils. Once metal shower completely brown with no cleaning tools still to this day 3-27-24. No shoe strings. I was placed on a special management meal which J Brooks took half of the condiments everytime and Sgt Patti never came when requested. I was denied milk and told my substitute was water sometimes no fruit either. Exhibit 1

Seperate Sheet (2) Exhibit (2)'s

Shagun Bhatta

And 2's
2/25

This meal is 4 slices of Bread, An egg And 2 cup Peanut Butters 2 Jellys I do Not Know what the real menu is. I was denied sick call And R/R Recreation. The Super-Intendent Failed to Conduct any Investigation, or stop so I could verbally complain. For 5 days I slept with NO Mat or anything to prevent my Face From Touching The metal Bed Frame. I endured Bone Bruises And Hip Pain Elbow pain And Terrible Breakouts BACK pain, Neck stiffness, and Sleepless Nights. The 9th I had in my property (3) signed for legal letters which were stolen and NOT returned. Hurdling a personal claim stemming From Traveling. I lost All mail Recived. Mr Battle lost A Full Composition Notebook of Music, A short story poem Book Fully completed, 2 Large Manila envelopes Full of music, Business plans and Finished Music Albums.

The Constitutional Basis For this Claim under 42 USC § 1983 is:
Due process, Equal Protection, Cruel and unusual Punishment, Retaliation, Destruction of personal property.

The relief I am seeking For this Claim is: Compensatory Damages, Actual Damages, Punitive Damages, or In The alternative Injunction Relief to stop Illegal Actions That Keep Occuring.

I grieved this claim was interviewed by Srgt Patti on A Thursday or Friday The 21st or 22nd The person who the claim was mainly about. I had Family Fire over 6 OSI online complaints 3-5-24 throughout Today and Senators Talk to my Family. This Jail Assigns The complaints to staff who they are on I have NO Impartial Investigation NO way to adequately complain.

I Asked my wife Charlene Battle to complain 3-23-24 and I'm sure A complaint has been Filed. I don't get a copy, Nor can I Access Them.

Please Allow me to have Family Forward Screenshots to All Parties to show proof of my complaint and See Srgt CONTI Report and Srgt Patti approx 3-21, or 22nd, 2024. Electronic Evidence

Seperate sheet (3)

Shaquon Battle

SORCSword (Counselor), Sgt Patti (C.O. Supervisor), Officer Tresch-C.O.), Superintendent COOK (Superintendent) K. Walker (First Deputy Superintendent), (Supt ^{ABR}) Superintendent

A Hearing was held by SORCSword. First SORCSword denied the most relevant witness Officer Tresch and only attempted to call him twice in a one minute space. SORCSword stated "at least 4 times that I thought he was going to find me guilty without any credibility or evidence review. SORCSword showed a consciousness of guilt towards the statement(s) and found me guilty of every charge. The facility itself removed charge(s) without a hearing in a exculpatory and favorable nature." A foil for the video is requested and offered as a exhibit this video is overwhelming of innocence!! Sgt Patti was called by SORCSword. He stated in his testimony he, nor his position in his report was in compliance with state law and federal law. The hearing tape depicts SORCSword feeding info to his witness who still failed to meet safeguard standards.

I was denied (2) witnesses who could only corroborate Plaintiff although a government officer.

3-17-24, Plaintiff filed an Administrative Discretionary Review.

3-21-24 Mr Battle learned his Discretionary Review had been pushed off by Supt COOK thus denying me a right to have the facility Superintendent review the merits of my complaint and instead received a correspondence from First Dep K. Walker instructing me to file an appeal as if I'm not entitled to a Discretionary Review.

The (2) did not enjoy the legal mind of Shaquille Battle. The Discretionary Review written was meritorious and included. Exhibit 3

The constitutional basis for this claim under 42 U.S.C § 1983 is: Due process, equal protection, Deliberate Indifference, Right to petition the Government, Denied Access to Courts.

Continued
Seperate sheet 4 Shaquille Battle

The relief I am seeking for this claim is Compensatory Damages and punitive Damages.

I Filed an Appeal to The Commissioner unaware if The appeal was Recived. Their is NO policy to Log outgoing mail. This is The hardest time I've done in 11 years.

I am Waiting to recive acknowledgement For my Appeal to The Commissioner.

I am Filing This Complaint after having NO way to Know If Any of my Appeals other than In house matters have been Recived This Facility Did this 2018 to me Aswell this is Just Worse 1000%.

FIFTH claim: On 3-4-24 Srgt patti (C.O supervisor) LT Jane Doe (Female Lt Colored Complexion Only one Rbu) and SuperIntendent Cook.

For over 3 weeks I have been deprived of personal Property without any valid Justification. The (2) orders state I committed Acts Not reflected on Any other Reports, but used to Harm me Mentally and Physically Emotionally to me and Family. I have had NO personal Conversation with Family. No legal studying with The Law Library Tablet In violation of HALT LAW.

I Found staff Blatantly Lied on Deprivation order Forgetting I left for visit early got Jumped on Never to Return until 2 1/2 days later and They kept Fabricating Events. Exhibit 5 I Am yet to see A Hatch order Tablets, or Rec. There are clear violations of their own Policies and equal protection clauses) cruel and unusual.

The Constontional basis For this claim under 42 U.S.C § - 1983: Due process, equal protection, cruel and Unusual punishment and Deliberate Indifference.

The relief I am Seeking For this claim is: Punitive Damages and Compensatory Damages.

Seperate sheet 5 Shaquid Battle

I grieved This Claim See Exhibit to have it NOT Named
And to have the same events Take Place Again and
Again and The Next day.

I Am Awaiting Any Acknowledgement And Feel This
Claim serves As A [Safe Haven Home Care, Inc v United States
Department Of Health And Human Services] petition

2023 WL 4422790 (2023) This is Illegal Executive Action!
Ongoing I Cannot Correspond With Attorneys For my
Impending Federal Writ In Front Of Frank Geraci Jr
These C.O's Said We will stop your Little petition And I've
been Through all Aforementioned wrongfully.

Shagun Bhatt

Exhibit 1.

Grievance #1

ShaQuin Battle

ShaQuin Battle 15B2077 C-1-23 3-14-24

A Brief Description: on 3-4-24 A Fabricated misbehavior report was Filed by Sgt Patti.

I was forced to A cell that Had NO Bed, NO Toilet Tissue, Toothbrush, Comb, hand gloves, Cleanliness, or Property For receiving a misbehavior Report. I Never was Provided with A T-Form In Relevance of 2187 Deprivation(s). I Am To this date NOT under Any Disposition And on either 2-27 or 2-28 The Superintendent of Attica Suspended my Packages and Commissary. I Am still Awaiting A Buy \$ Half The month has Elapsed After Notifying The Steward on 3-1-24. I Asked For Protective Custody From The Arrian Nation, Dirty Dicks & Latin Kings.

Action Requested:

Sign me Into A PC Program because These Are valid Threats to my life & I cant Program In CLASS. I cant Come out my cell.

Also I request All who made Rounds, or Witnessed I/I Battle receive under Mandatory Minimum standards get Sanctioned I am on Loss of legal Documents! Ha Hutt What?

cc Neighbors who Are witnesses
Nyco and Personal counsel.

FORM 2187RRU (06/22)

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

Exhibit
2

Orleans

Correctional Facility

DEPRIVATION ORDER RRU

INCARCERATED INDIVIDUAL'S NAME: Battle S DIN: 1582077 Cell Location: RU-C1-23In accordance with Directive #4933D, "Residential Rehabilitation Units," on this date of 3/4/24 you are being deprived of the following specific item(s), privilege(s) or service(s): State linens, State propertybecause it is determined that a threat to the safety or security of staff, incarcerated individuals, or State property exists and for the following specific reason(s): I/I covered cell windows with State propertyRecommended by: F. Patti, Sergeant Authorized By: Alcap Jenuoli Date: 3/4/24
(DSS, OD, or Other Authorized Staff)

Daily Review	Date	Cell #	Reason(s) for continuing this order (based on current evaluation):
DAY 2.	3/4/24	RU C1	I/I continues to not follow staff direction
		23	Recommended by (Sgt.): <u>F. Patti</u> Authorized by: <u>Alcap Jenuoli</u>
DAY 3.	3/6/24	RU C1	I/I continues to be disruptive towards staff
		23	Recommended by (Sgt.): <u>F. Patti</u> Authorized by: <u>Alcap Jenuoli</u>
DAY 4.	3/7/24	RU C1	I/I continues poor behavior
		23	Recommended by (Sgt.): <u>[Signature]</u> Authorized by: <u>[Signature]</u>
DAY 5.	3/8/24	RU C1	I/I will not follow direction without repeated orders
		23	Recommended by (Sgt.): <u>[Signature]</u> Authorized by: <u>[Signature]</u>
DAY 6.	3/9/24	RU C1	I/I's disruptive behavior continues to interfere w/ staff
		23	Recommended by (Sgt.): <u>[Signature]</u> Authorized by: <u>[Signature]</u>
DAY 7.	3/10/24	RU C1	OMH catches / Deprivation ended
		23	Recommended by (Sgt.): <u>[Signature]</u> Authorized by: <u>[Signature]</u>

After seven (7) days, deprivation orders will be reviewed and can be renewed by the Superintendent.

SUPERINTENDENT'S REVIEW:

COMMENTS:

Shagun BattleRENEW: ☐ YES☐ NO

SIGNATURE: _____ DATE: _____

NOTICE TO INCARCERATED INDIVIDUAL:

You may write to the Deputy Superintendent for Security or their designee to make a statement on the need for continuing this deprivation order.

Notes: Upon signature (authorization) copy and deliver to the incarcerated individual.

cc: Superintendent, RRU Sergeant Housing Unit, Guidance Unit, Incarcerated Individual

Exhibit 2

PHOTOCOPY LOCALLY AS NEEDED
FORM 2190 (06/22)

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

Initial Start Date: 03/04/24
Start Meal: Dinner

SPECIAL MANAGEMENT MEAL ORDER

Orleans Correctional Facility

Name: Battle	DIN: 15B2077
Cell Location: RU-C1-23B	

In accordance with Directive #4933, "Special Housing Units," I am recommending that you be placed on the Special Management Meal because I have determined that a threat to the safety or security of staff, incarcerated individuals, or State property exists for the following specific reason(s):

E/I Battle Threw his Marshall tray at an officer in the RRU That contained oatmeal and a liquid That Smelled like urine.

Recommended by: (Print) Sgt. D. Conti (Signature) Sgt. D. Conti (Date) 03/04/24

Superintendent's Decision:

☒ APPROVED ☐ DISAPPROVED

REVIEWED BY:

Amy A Cook
Print Name

Amy A Cook
Signature

Supt.
Title

3/4/24
Date

NOTICE TO INCARCERATED INDIVIDUAL: You may write to the Deputy Superintendent for Security or their designee to make a statement as to the need for continued imposition of this Special Management Meal Order.

TO: MEDICAL DIRECTOR:

The above-named incarcerated individual is being considered for a Special Management Meal. Please examine the incarcerated individual's ambulatory health record to determine if such meal would jeopardize the incarcerated individual's health.

Medical Recommendation: ☒ This incarcerated individual is medically approved for the Special Management Meal.
☐ This incarcerated individual's medical condition renders the Special Management Meal inappropriate.

REVIEWED BY:

DWIGHT LEWIS MD Dwight Lewis MD 03.04.2024
Print Name Signature Title Date

TO: AREA SUPERVISOR/WATCH COMMANDER/DEPUTY SUPT. SECURITY: The above-named incarcerated individual has been placed on a Special Management Meal Order. They are to be evaluated daily for the need to continue this order. Fill out this portion of the form daily.

	DATE	Reason(s) for continuing this order (based on current evaluation):
2.	<u>3/5/24</u>	<u>E/E continues to be disruptive to staff</u> Recommended by: <u>[Signature]</u> Approved by: <u>(WPS)</u>
3.	<u>3/6/24</u>	<u>E/E continues to not follow staff direction</u> Recommended by: <u>[Signature]</u> Approved by: <u>(WPS)</u>
4.	<u>3/7/24</u>	<u>E/E is argumentative with staff</u> Recommended by: <u>[Signature]</u> Approved by: <u>(WPS)</u>
5.	<u>3/8/24</u>	<u>E/E continues poor behavior</u> Recommended by: <u>[Signature]</u> Approved by: <u>(WPS)</u>
6.	<u>3/9/24</u>	<u>E/E continues disruptive behavior</u> Recommended by: <u>[Signature]</u> Approved by: <u>(WPS)</u>
7.	<u>3/10/24</u>	<u>E/E Deliberated in Paper bag</u> Recommended by: <u>[Signature]</u> Approved by: <u>(WPS)</u>

Distribution: Commissioner's Office, Superintendent's Office, DSS, SHU/RRU Sgt., Medical file, Guidance file, Incarcerated Individual

Shagun Bhatt

(29)

Legal mail / stamps
taken

Exhibit 2

Grievance #1 Assistant Lies & Prejudice

Stolen legal mail / Lack of commissary buy / No stamp

Shaquill Battle 15Bze77 3-14-24 C-1-23 ^{Buy}

BD: I have had my signed For legal and personal mail Confiscated Illegally. I have missed being Able to respond to my Claims by Lack of A stamp Purchase being Here over 3 weeks Tomorrow. I am Not Loss of Commissary, or my right to Association under The First, Fifth, Ninth Amendment or The 14th. I have missed legal Deadlines And strong Arm Robbed. * My Assistant For my Tier hearings today told me with another officer and a Female Lt present he would bring me all the requested items Needed to Form a Necessary Defense. I was lied to and denied My Right to Conduct review of Related Material Pertinent to my Defense by all the Aforementioned

Action Requested: Federal, state & All Rights Are upheld. I request the Video of The Assistance is Reviewed with All 3 Parties on it And that I get more Carbon Paper For running out.

CC PLR, Private Counsel
Witnesses

Shaquill Battle




Corrections and Community Supervision

Exhibit 3

KATHY HOCHUL
Governor

DANIEL F. MARTUSCELLO III
Acting Commissioner

To: S. Battle 15B2077 RU-C1-23T
From: K. Walker, First Deputy Superintendent 
Date: 3/21/24
Re: Discretionary Review/Tier 3 Appeal

I am in receipt of your memo requesting a Discretionary Review for your Tier 3 incident 3/9/24. Please complete a Tier 3 Appeal form and submit to the Director of Special Housing and I/I Discipline in Central Office, as indicated on the bottom of the form.

KW:dr
cc: File

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 3-27-24(wed)
(date)

NOTE: *Each plaintiff must sign this complaint and must also sign all subsequent papers filed with the Court.*

Shagun Batte 1582077

Signature(s) of Plaintiff(s)

Your Honor

Ex parte

Communication 3-27-24

I have NO lights This was written
From yard security ligat. Help

I am The Plaintiff and am In Fear For my
Life every weekend. They say They'll set me
up every visit. I file something & loose all
Carbon copies, Any Trace. I cannot fight
This claim in this Jail I dont get
Notary Fulfillments, or Pens. Ive waited
3 days for a pen Exchange My Neighbors
provided pens Risked Their Liberty to see
me get a Complaint out while The Regular
mail man is off.

Julies Sanchez Secretary has started Talking
to my wife I need a Transfer This Jail
Has set me up with 2 Fake Assaults on staff.

I Beg This Federal Court to Allow me
to demonstrate The Need For this Complaint
Through its E M I T Test. I Beg to be
tested For Deception & was Assaulted on both
Alleged Incidents knowing & have other
ways to complain. They All will Fail! They are
the Proof Holders of the videos of Circumstantial
Evidence and my allegations can be trusted through
Deception when They All Refuse The test.

I am 1000%. In The Right and Conscious
& couldn't engage at all And didnt once they
are served I am at Risk A LOT more.
Thank you In Advance For your time, care and Consideration
Shayla Belle

CIVIL COVER SHEET

24-CV-6191-FPG

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

SHAQUIL BATTLE

(b) County of Residence of First Listed Plaintiff

(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

Pro-se Orleans Corr Facility
3531 Gaines Basin RD ALBION NY

DEFENDANTS

Please see Separate sheet (1)

County of Residence of First Listed Defendant

(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
- ☒ 3 Federal Question (U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant
- ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | | | | | |
|---|---------------------------------------|---------------------------------------|---|----------------------------|----------------------------|
| | PTF | DEF | | PTF | DEF |
| Citizen of This State | <input checked="" type="checkbox"/> 1 | <input checked="" type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

Click here for: Nature of Suit Code Descriptions.

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	PERSONAL INJURY <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	PRISONER PETITIONS Habeas Corpus: <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty Other: <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input checked="" type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement	<input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act	SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g))
			FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 485 Telephone Consumer Protection Act <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes

V. ORIGIN (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding
- ☐ 2 Removed from State Court
- ☐ 3 Remanded from Appellate Court
- ☐ 4 Reinstated or Reopened
- ☐ 5 Transferred from Another District (specify)
- ☐ 6 Multidistrict Litigation - Transfer
- ☐ 8 Multidistrict Litigation - Direct File

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

42 U.S.C. 1983

Brief description of cause:

Unjust Conditions, Property Theft, Illegal Executive Action, Assault

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

2 Million

CHECK YES only if demanded in complaint:

JURY DEMAND: ☒ Yes ☐ No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG. JUDGE

ORLEANS CORRECTIONAL FACILITY

3531 Gaines Basin Road
Albion, New York 14411-9199

NAME: Shaquill Battle DIN: 1562077

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1.58



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